



## County of York Treasurer's Office

### Smart Pay Cancellation Form

Name \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Utility  
Account # : \_\_\_\_\_ -- \_\_\_\_\_

I would like to withdraw from the Smart Pay program.

I no longer wish to have my ☐ Checking account debited to pay my utility bill.  
☐ Savings

Signature \_\_\_\_\_

Date \_\_\_\_\_